



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 2/28/2022
Date Reported to DCCECE: 3/1/2022

Agency Name: Youth Home
Agency Number: 128
Type of Facility: PRTF Facility License Type: Regular

Type of Incident: Threatening Behavior

Incident Description: Staff member Terrence McDaniel reports he was in the office doing notes, and a client came to me and asked if I would come and get client [REDACTED], because she was being rude to staff, and peers. I went and checked on client and she was banging her head on the shelves. I then instructed her to either get her hygiene products or just retire to her room. Client angrily cussed staff, and pouting. Client then went to her room and continued to bang her head on the wall, kick things around, and cussing. Client came out room and I was escorting her back to her room. Client went into the seclusion room where she continued to bang her head and cussing out staff. Upon being released from locked seclusion, patient agreed to report to nurses station to process and complete nursing assessment. Pt alert and oriented x 4. No signs of respiratory distress seen or verbalized. Pt denied any pain from incident. Pt apologized to staff and requested to be placed on eyeball. Pt denied SI or thoughts of self harm, but patient stated that she wanted to be placed on eyeball because all of her peers had been placed on this precaution. Due to the fact that she has not been on eyeball, patient stated that she felt like she was being treated differently. This nurse explained to patient that eyeball was not a good thing and that being placed on this precaution would interfere with treatment and level placement. Pt took her night meds and was cooperative for the rest of the night. MD and guardian notified. Will continue to monitor and follow treatment plan

Agency's Interim Corrective Action: Facility staff to continue to monitor client.

Licensing Specialist Assigned: C.DeBoer
Licensing Supervisor Assigned: A.Clowers

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: N/A **Was it accepted?** **Outcome:** N/A

Assigned Investigator: N/A

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up:



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Agency’s Interim Corrective Action: Facility staff will continue to monitor client.

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Child Abuse Hotline (Only applies to maltreatment incidents) No.

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Assigned Investigator: N/A

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: Pt took her night meds and was cooperative for the rest of the night. MD and guardian notified. Will continue to monitor and follow treatment plan.